Fetal Alcohol Spectrum Disorder: Building on Strengths

A Provincial Plan for British Columbia
2008 – 2018

BRITISH COLUMBIA
The Best Place on Earth

Message from the Minister of Children and Family Development

Honourable Tom Christensen

Minister of Children
and Family Development

I am pleased to present the 2008-2018 Provincial Plan for British Columbia ***Fetal Alcohol Spectrum Disorder: Building on Strengths***. It builds on B.C.'s first FASD strategic plan released in 2003, which was the first of its kind in Canada. The new Plan highlights progress to date and provides a framework to guide our efforts over the next 10 years.

FASD is a serious lifelong disability affecting individuals and communities across B.C. A planned and coordinated response is needed that builds on the strengths and resilience of women, and children, youth and adults living with FASD and their families.

Through partnerships between government, health authorities, school districts and community organizations, many community-based initiatives are occurring throughout the Province in the areas of prevention, assessment, diagnosis and support. It's important that we all continue to work together to support women to have healthy pregnancies and to improve the lives of those living with FASD.

Nine provincial government ministries were involved in the development of this 10-year Provincial Plan, which demonstrates government's commitment to a collaborative, cross-ministry approach. I would like to acknowledge my colleagues, and to thank those families, service providers, clinical experts, educators and others who reviewed the strategic priorities and provided very valuable feedback.

I encourage you to share this plan with others and to consider how it can be used in your community. I look forward to working together in the coming years to ensure B.C. continues to be a leader in FASD prevention, assessment, diagnosis and support.

Honourable Tom Christensen

Understanding Fetal Alcohol Spectrum Disorder

Prenatal exposure to alcohol is a leading cause of preventable brain damage and developmental delay among children in Canada.

There is no known safe level of alcohol use in pregnancy. It is safest not to drink at all when pregnant or planning a pregnancy.

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that describes the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects can include physical, mental, behavioural and/or learning disabilities with possible lifelong implications. While conclusive statistics about the incidence and prevalence of prenatal alcohol exposure are not yet available, Health Canada estimates that approximately nine in every 1,000 infants are affected in some way by FASD.[1] This makes prenatal exposure to alcohol a leading cause of brain damage and developmental delay among children in Canada. There is no known safe level of alcohol use in pregnancy. It is safest not to drink at all when pregnant or planning a pregnancy.

The impact of FASD on individuals and families is significant, costly and lifelong. Children born affected by prenatal alcohol exposure may have physical disabilities such as motor skill challenges and heart malformation. More significantly, many of the effects of FASD are not readily visible and can include lifelong challenges with learning, memory, attention, problem solving, behaviour, vision and hearing. Persons affected by FASD may not understand social situations, and their behaviours may be misinterpreted as wilfully problematic, rather than a symptom of an underlying brain-based condition.

British Columbia is considered a world leader in the field of FASD prevention, diagnosis, assessment and support for those affected. In September 2003, the Province released ***Fetal Alcohol Spectrum Disorder: A Strategic Plan for British Columbia*** (the Plan).[2] The Plan has served to guide the efforts of provincial ministries and regional and community-based partners. It has fostered the coordination of these organizations in addressing the complexities of FASD prevention, improving the early identification of FASD, and supporting those living with this disability and their families in British Columbia.

The Purpose of this Report

This report provides an overview of provincial initiatives undertaken since the first strategic plan was released in B.C. in 2003. There are numerous preventive, clinical and support programs in British Columbia and this growing network of initiatives is an important aspect of addressing FASD in the province. While this report does not provide a comprehensive mapping of FASD-related programming in all communities in B.C., it does serve to highlight progress since 2003.

The second part of this report provides a framework for action for the next 10 years on which to plan ongoing strategic work in the province to address FASD. It is based on consultations with cross-government partners as well as service providers, agencies and other key informants from across the province.

1 Preface, ***Fetal Alcohol Spectrum Disorder (FASD): A Framework for Action***, 2005, Public Health Agency of Canada, ISBN 0-662-67808-7. www.phac-aspc.gc.ca/publicat/fasd-fw-etcaf-ca/index.html

2 The complete Plan can be found in PDF form on the Ministry of Children and Family Development website at: www.mcf.gov.bc.ca/fasd/.

Accomplishments 2003 - 2008

Prevention of FASD

Prevention of FASD requires a comprehensive approach that includes:

- Broad public awareness campaigns and health promotion efforts;
- Discussion of pregnancy and alcohol use with all women in their childbearing years and their support networks;
- Specialized holistic support of pregnant women with alcohol problems/ addictions and other health/social problems; and
- Postpartum support for birth mothers directed at improving their health and social networks, as well as the health of their present and future children.[3]

Since 2003, significant progress has been made on all aspects of prevention as outlined in the following sections.

ActNow BC – Healthy Choices in Pregnancy

In 2005, the B.C. Ministry of Health announced new investments to support FASD prevention through ActNow BC – Healthy Choices in Pregnancy (HCIP). This initiative is focused on two key outcomes:

1. Increasing by 50 per cent the number of women counselled regarding alcohol use during pregnancy; and
2. Ensuring that all regional health authorities have focused FASD prevention strategies by September 2006.

The following are four examples of how ActNow BC has contributed to the prevention of FASD:

Health Authority Perinatal Services: Health Authorities have reported that HCIP funds were used for enhancing both internally delivered perinatal programs as well as contracted pregnancy outreach programs (POPS). Enhancements included:

- Increased staffing for perinatal programs that served pregnant women from immigrant, refugee and Aboriginal communities; and
- Coordination of Health Authority HCIP activities as well as increased community nutritionist services and food voucher funding to support vulnerable pregnant women.

Healthy Choices in Pregnancy (HCIP) Provincial Education and Resource Development: This is a collaboration between the BC Women's Hospital and Health Centre, the BC Centre of Excellence for Women's Health and the British Columbia Perinatal Health Program (formerly the BC Reproductive Care Program), Health Authorities and the Ministry of Health. The goal is to increase the number of women counselled regarding alcohol use during pregnancy. A complete description of this initiative, including a listing of educational sessions and resources is available at www.hcip-bc.org.

3 Proceedings of 2nd International FASD Conference, Victoria, B.C., 2007, UBC Interprofessional Continuing Education.

A major component of HCIP is community-based training for service providers who work with pregnant women and women in their childbearing years. Service providers include staff in pregnancy outreach programs, public health nurses, physicians, midwifes, doulas, mental health and addiction service providers, and other community-based health and social service providers. The sessions focus on sharing updated research and resources on women's health, substance use and pregnancy, and ways to identify and support women who use alcohol and other substances in childbearing years and in pregnancy. By May 2007, more than 1,600 service providers in 26 communities across British Columbia had participated in Healthy Choices in Pregnancy training, with many more communities scheduled to receive this education.

The HCIP Provincial Education and Resource Development website was launched March 2007, to support sustainability of HCIP education and establish HCIP expertise for the Health Authorities. Audio-visual training resources to further support service provider education are soon to be released. The HCIP site promotes evidence-based resources on the topic of substance use during pregnancy.

An important resource in the training of maternity care providers is the ***Guidelines for Alcohol Use in the Perinatal Period and Fetal Alcohol Spectrum Disorder*** developed in 2005 by the BC Perinatal Health Program.[4] These guidelines, distributed to every physician and midwife in B.C., assist health care providers with counselling women who are at risk about alcohol use in pregnancy and identifying women before, during and after pregnancy.

Regional FASD Prevention Plans: As part of ActNow BC, the five regional health authorities have each developed focused FASD prevention plans to support healthy choices in pregnancy for the communities they serve. The plans are intended to:

- Involve regional stakeholders;
- Recognize the unique demographic of the region;
- Build on FASD prevention services already in existence, or on services where a FASD prevention component could be added;
- Use a woman-centered approach in working with pregnant women and women in their childbearing years;
- Articulate the preventive strategies, timelines and responsibilities of health authority staff;
- Demonstrate leadership for FASD prevention at the health authority level;
- Incorporate evaluation; and
- Address the multiple determinants needed to support all women of childbearing age to make healthy choices before, during and after pregnancy.

4 Available on the British Columbia Perinatal Health Program website: www.bcphp.ca/Substance%20Use%20Guidelines.htm

BC Liquor Distribution Branch: Each September, the BC Liquor Distribution Branch conducts a provincial FASD public awareness campaign. Posters, signs, brochures and other materials are featured in all government liquor stores during September and permanent signs and brochures are displayed year-round. Public health offices, pregnancy outreach programs and community agencies throughout the province can access this material through its website: www.bcliquorstores.com.

In March 2006, as part of the ActNow BC initiative, this annual campaign was broadened to include 8,000 licensed businesses in the province such as restaurants, bars and private liquor stores. The FASD prevention materials were developed in partnership with the Ministries of Public Safety and the Solicitor General, Health, and Children and Family Development, and the BC Centre of Excellence for Women's Health, the BC Centre of Social Responsibility, and the Centre of Addictions Research of BC. The material included posters, pamphlets, magnets and window clings.

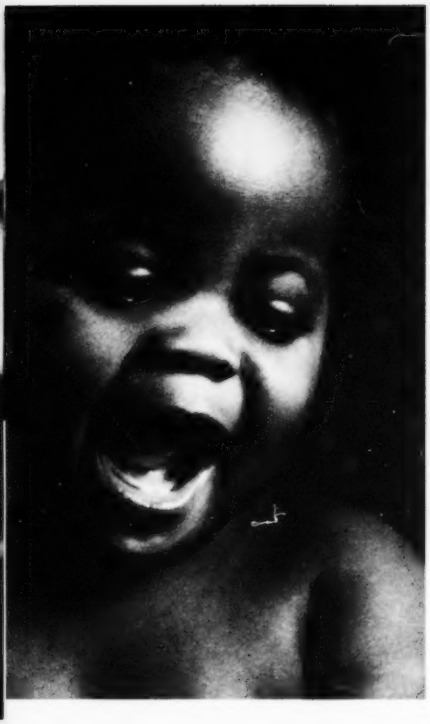
In March 2007, the Ministries of Education, and Children and Family Development partnered to distribute the FASD prevention material to all public schools, continuing education programs and band-operated schools offering Grades 8 – 12. The local superintendents and district parent advisory councils decide on the appropriate use of the signage and information pamphlets for their schools.

In September 2007, the Ministry of Health distributed the FASD prevention material to all post-secondary school institutions in the province.

In March 2006, as part of the ActNow BC initiative, the annual BC Liquor Distribution Branch campaign was broadened to include 8,000 licensed businesses in the province such as restaurants, bars and private liquor stores.

Alcohol and Pregnancy Don't Mix

Alcohol can hurt your baby. It is safest not to drink when pregnant.



Public Awareness Initiatives

There are numerous examples of provincial initiatives that have supported FASD public awareness efforts since 2003. These have contributed to educating the public about the harms associated with drinking alcohol during pregnancy and raised awareness of the nature of FASD as a lifelong disability. Below are a few examples of such initiatives:

- Every year since 2004, the B.C. government has proclaimed September as **Fetal Alcohol Spectrum Disorder Prevention and Support Month** and September 9th as **FASD Prevention and Support Day**. Communities around the province hold events and forums as a way to raise awareness about the importance of avoiding alcohol during pregnancy and the need to support individuals who are living with the disability.
- In 2006, the Ministry of Employment and Income Assistance provided a grant to the Northern Family Health Society in Prince George to develop a poster campaign involving youth to raise awareness about the dangers of drinking during pregnancy, drinking generally and having unprotected sex.
- The Ministry of Public Safety and Solicitor General along with Emergency Preparedness Canada provided funding to the College of New Caledonia to work with a large employer to educate staff in Burns Lake about FASD and how to prevent it.
- Through joint funding from the Ministry of Health and Health Canada, a video for Aboriginal youth on the dangers of alcohol use during pregnancy was developed by the BC Aboriginal Child Care Society. This video is designed to be delivered by youth facilitators.

Specialized Support for Pregnant and Parenting Women

Women at high risk for substance use often face major social and health issues that limit their ability to successfully access and utilize support. These factors include a lack of supportive housing, unresolved trauma from violent and abusive relationships, unrecognized and untreated mental health problems, and a fear of losing custody of their children. In order to address these issues, support must be provided through specialized holistic services using a non-judgmental, harm-reduction approach.

Sheway is an example of such a program. Located in the Downtown Eastside of Vancouver, this enhanced pregnancy outreach program is sponsored through a partnership of the Vancouver Coastal Health Authority, the Ministry of Children and Family Development, YWCA Crabtree Corner, and the Vancouver Native Health Society. Sheway offers highly specialized services to a population with complex needs, namely pregnant women and women with infants under 18 months who are dealing with current or previous substance use. The focus is on helping women have healthy pregnancies and positive parenting experiences.

In early 2003, through a capital grant from the Ministry of Children and Family Development, Sheway and Crabtree Corner moved into a new co-located facility at 533 East Hastings Street. The site includes 12 units located on the top two floors of the multi-service building, which are available for use as temporary housing. There is a child-care centre, community kitchen, as well as meeting and office space. This housing program is one of the few in the country specifically designed for this population of mothers and their children.

In March 2006, the Ministry of Employment and Income Assistance provided grant funding to Sheway to assist women in the Downtown Eastside to have healthy pregnancies, access community supports and help them secure stable housing prior to the baby's birth. The intent was to provide assistance to low-income mothers and pregnant women who have substance use problems by providing increased funding for housing, health/nutrition and community supports.

Another unique example of support is the **Fir Square Combined Care Unit** located at BC Women's Hospital and Health Centre. Working from a harm-reduction and woman-centered framework, Fir Square provides medical and nursing care for pregnant women wishing to stabilize or withdraw from drug use. After delivery, mothers and babies room together and receive supportive care from a multidisciplinary team of nurses, family physicians, pediatricians, a social worker and addictions counsellor. The family physician group also provides provincial consultation for physicians in rural communities. There is a nursery for babies who need specialized treatment. Fir Square is the first program in Canada to care for both substance-using women and their newborns while keeping mother and baby together in the same unit. The goal of the program is to help women become ready for addiction treatment, support the women to safely parent their babies, and connect them with appropriate services in their own community.

The Ministry of Children and Family Development has provided funding towards outcome studies of both Sheway and Fir Square to better understand how to effectively support mothers and their infants. Despite the existence of Sheway and Fir Square, housing for at-risk women and their children remains a critical need in B.C. and throughout Canada. It is hoped that through this research, innovative and effective ways to address this need will be better understood.

In September 2005, the **Maxxine Wright Community Health Centre** opened in Surrey. The Centre is an enhanced pregnancy outreach program which, like Sheway, serves women whose lives are impacted by substance addiction, mental illness, violence or abuse, and are having difficulty accessing health and support services. The multidisciplinary team provides services to women and their children using a harm-reduction, women-centred approach. This centre is a partnership initiative between the Atira Women's Resource Society, Fraser Health, and the Ministry of Children and Family Development. Health and social services are provided by a nurse practitioner, an alcohol and drug therapist, a nutritionist, a physician, a dental hygienist, a social worker, a wraparound coordinator, public health nurses, and Aboriginal women's outreach services.

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Diagnosis and Assessment

Early diagnosis and assessment of FASD-related disabilities has been shown to play a significant role in the planning and provision of appropriate support. This support and intervention can potentially mitigate the development of subsequent "secondary disabilities," such as trouble with the law, unemployment, mental health problems and disrupted school experience.[5] Another important role of early diagnosis is the opportunity to connect with the birth mother and provide

5 Streissguth AI, Barr H, Kogan J, Bookstein F. *Primary and Secondary Disabilities in Fetal Alcohol Syndrome*. In: Streissguth AP, Kanter J, editors. *The Challenge of Fetal Alcohol Syndrome: Overcoming Secondary Disabilities*. Seattle: University of Washington Press; 1997. pp 25-39.

appropriate support and intervention to improve her health and potentially prevent prenatal exposure in future pregnancies.

Early diagnosis and assessment of FASD-related disabilities has been shown to play a significant role in the planning and provision of appropriate support.

In 2005, the Ministry of Health announced new investments in the area of diagnostic and assessment services for children and youth with Complex Developmental Behavioural Conditions (CDBC), including children who may have FASD. This is part of a cross-ministry initiative to improve prevention, diagnosis, assessment, intervention and support. The multidisciplinary assessment services are delivered through the regional health authorities, with coordination being provided by the Provincial Health Services Authority. The CDBC Network offers assessment services for children and youth who have significant difficulties in multiple areas of function including development and learning, mental health, and adaptive and social skills.

Supports for Individuals, Families and Caregivers

Supporting individuals living with FASD and their families and caregivers relies on an informed and coordinated approach that recognizes the neurological nature of the disability. Children, youth and adults with FASD can display challenging and inconsistent behaviour that is often the result of a poor fit between their neurological functioning and the environment around them. It is imperative to also recognize the unique talents of all individuals with FASD, the strengths of his or her family, and the opportunities existing in the surrounding community. A strength-based approach, along with guidance, understanding and education are cornerstones to providing effective support.

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Support for Families: In 2005, the Ministry of Children and Family Development initiated the planning and development of new key worker and parent support programs for families of children and youth with FASD and similar neurological conditions. Key workers assist families in understanding FASD by providing education and information specific to the needs of the child and family. They are familiar with community resources; assist families in accessing support, health and education services; and are involved in the development of local support services.

A major component of the key worker's role is to work with adoptive, birth and foster parents; family members; caregivers; and service providers to identify ways to adapt the child's environment in response to the child's needs. The key worker also strives to empower the family to become their own best advocates for their child. Parent support includes local parent and grandparent FASD training, parent mentoring and parent support groups. Key workers can provide parents with more information on supports that may be available in or near their community.

A provincial three-year formative and summative evaluation and access to expert consultation help to inform the evolution of the program.

MCFD has also provided grant funding to support Whitecrow Village Camps. The camps provide children and youth living with FASD, their families and their caregivers an opportunity to participate in a safe recreational experience while also learning ways to effectively live with the disability. Professionals of many backgrounds take part in the pre-camp training and the week-long, live-in camp as an experiential learning experience.

Support for Students with FASD: In September 2007, the Ministry of Education clarified how FASD and other related complex developmental behaviour conditions are identified within provincial guidelines that support the provision of Special Education Services. The new policy has been revised to better recognize the complex array of needs that can be identified through the Ministry of Health's multi-disciplinary assessments.

In September 2006, the Ministry of Education announced the development of the Provincial Outreach Program for FASD, hosted by the Prince George School District. Through consultation with teachers and other experts in the field of FASD, the program serves as a vehicle for providing information about the effects of FASD on student learning and behaviour. Teachers can access current research, ideas, strategies, training and resources with the intention of building capacity in school districts to effectively support students living with FASD.[6] The program is guided by a multi-district steering committee and liaises with school districts, the Ministry of Children and Family Development, and the Ministry of Health diagnostic and assessment network. The website address is www.fasdoutreach.ca.

Support for Youth: Government recognizes the need to support youth and their families to access relevant services and successfully transition into adulthood. MCFD has developed the ***Transition Planning for Youth with Special Needs: A Community Support Guide*** to provide community partners (school personnel, social workers, and community members) with useful information and practical tips for supporting successful transition planning for youth with special needs. This guide is designed to complement another publication from MCFD entitled ***Your Future Now: A Transition Planning and Resource Guide for Youth with Special Needs and their Families***. Both publications are available from MCFD's website at www.mcf.gov.bc.ca/spec_needs.

In 2007, the Ministry of Employment and Income Assistance (MEIA) and MCFD collaborated on the development of the MEIA-MCFD ***Youth Best Practices Manual***. The purpose of the manual is to identify and promote inter-ministry youth best practice across B.C. and by doing so promote greater practice consistency in achieving the best possible outcomes for youth with differing needs for assistance. The guide is relevant for all MEIA and MCFD front-line staff working with youth with complex needs, including those affected by prenatal alcohol exposure. The guide is available to staff through MCFD and MEIA intranet websites.

In 2005, MCFD provided funding for the Youth Justice FASD Program. This program is provided by the Asante Centre in partnership with PLEA Community Services Society of BC. It provides high-risk youth diagnosed with FASD, who are before the courts, with effective alternatives to custody. In addition, the program provides individualized assessments, intensive support and supervision, residential placements and post-program family follow-up services.

Support for Parents who have FASD: Parents who are affected by FASD often find it challenging to successfully care for their children due to their own disabilities. In 2004, the Ministry of Children and Family Development funded the creation of a unique project in the Prince George area called Structured for Success. The program is designed to build a strength-based wraparound support system of care that helps keep families safe and healthy by using environmental adaptations and a

6 Available at: www.fasdoutreach.ca/index.php

neurocognitive model of parent education. The program is a partnership between the ministry's North Region, the Northern Health Authority, Intersect Youth and Family Services and the Prince George Native Friendship Centre.

Training and Support for Communities and Service Providers

FASD Action Fund: In 2006, the Ministry of Children and Family Development funded the establishment of a $10-million FASD Action Fund through the Victoria Foundation. The funds include $2 million to promote prevention, public education, and parent and caregiver education, and $7 million for multi-year demonstration projects in each of five regions in the province focusing on improving outcomes for children and youth with FASD. An additional $1 million is an endowment to further fund capacity through community contributions. A provincial advisory committee has been established to promote the availability of the fund, review grant applications and make funding decisions. A summary of the funded projects can be found at www.victoriafoundation.bc.ca.

Conferences, Training and Forums: Investments have also been made for continuing education opportunities for parents, health and social service professionals, educators, service providers, researchers and community members. This includes supporting national and international conferences coordinated by the University of British Columbia Interprofessional Continuing Education, supporting community-based forums and workshops, and funding the development of training resources and programs. Examples include:

- In 2003, B.C. hosted the Canada Northwest FASD Partnership Medical Education Symposium in Burns Lake. The focus of the event was to enhance diagnostic and assessment skills of professionals and identify ways to create responsive and inclusive communities. The symposium was attended by more than 300 delegates and included a continuing medical education accreditation component. It was at this symposium that the 2003 ***FASD: A Strategic Plan for British Columbia*** was released by Premier Gordon Campbell.
- In 2003, MCFD funded the Society of Special Needs Adoptive Parents to develop and print a new edition of ***Living with FASD: A Guide for Parents***. Both MCFD and the Ministry of Health have distributed this resource widely to parent groups and health and social service providers.
- MCFD has supported the Justice Institute and the College of New Caledonia, Burns Lake campus, to provide training bursaries to service providers working with Aboriginal communities and at-risk women. The format includes online courses for service providers across B.C. and a community-based course for Aboriginal teachers' assistants.
- In 2006, the Ministry of Employment and Income Assistance brought together nearly 200 service providers for a two-day Roundtable on FASD Prevention and Intervention for Northern B.C. The aim of the conference was to strengthen the network of supports in the north for children, adults, and families living with FASD.
- The Corrections Branch of the Ministry of Public Safety and Solicitor General has implemented enhanced training for probation officers who

supervise adult offenders affected by FASD. The curriculum covers 14 hours of comprehensive online content that assists probation officers to recognize and more effectively manage adult offenders affected by FASD. The Branch has also implemented training specific to working with adult women offenders that highlights the importance of developing intervention strategies with women offenders who are at risk of use during pregnancy. Additionally, since 2004, a resource guide called ***FASD: What every probation officer needs to know***, developed by a Corrections Branch probation officer, has been distributed to all adult probation officers in B.C.

- MCFD supported the development of a curriculum for service providers working with children, birth to age six and their families. This is a joint project of the provincial advisors for the Infant Development Program (IDP), Aboriginal Infant Development Program (AIDP) and Supported Child Development Program (SCDP).
- MCFD has provided funding to support conferences on FASD organized by the Interprofessional Continuing Education Department of the University of British Columbia.

Research and the Dissemination of Results

Canada Northwest FASD Research Network: In 2001, B.C. joined the Canada Northwest FASD Partnership (CNFASDP). As an alliance among the four western provinces and three territories, the goal is to partner in the development and promotion of an inter-provincial/territorial approach on the prevention of FASD and the care and support of individuals living with this disability.

In 2001, B.C. joined the Canada Northwest FASD Partnership (CNFASDP), an alliance among the four western provinces and three territories. A major initiative is the creation of a FASD Research Network designed to enhance our understanding of the best way to prevent FASD and support those living with the disability. It is the first of its kind in Canada.

The sharing of expertise and innovative strategies related to FASD across seven jurisdictions has made the CNFASDP unique in Canada. It has served to strengthen B.C.'s long-held leadership role in the improvement of FASD prevention, diagnosis, family support and community development. The CNFASDP hosts FASD conferences plus symposia on specific areas of interest. More information can be found on its website: www.cnfasdpartnership.ca.

A major initiative of the CNFASDP is the creation of the Canada Northwest FASD Research Network for the four western provinces and three territories. The Research Network's website is www.fasdnetwork.ca. The Network enhances opportunities for collaboration and knowledge sharing among FASD researchers working in the fields of prevention, diagnosis, support and intervention. It provides the necessary critical mass and scale for high-quality, multi-site research studies, thereby increasing the opportunities to garner large research grants from national and international sources. The Provincial Health Services Authority of BC is the host agency for the Research Network.

Participating members from across Western and Northern Canada work collaboratively through five Research Network Action Teams. The areas of research include:

- FASD Prevention from a Women's Health Determinants Perspective
- Evaluation of FASD-specific, Public Health Warnings and Educational Materials
- Evaluation of FASD Prevention Programs
- Research in Diagnostic Issues

- Intervention Research in Individuals with FASD

Examples of research underway by the Research Network Action Teams include:

- An examination of the current and potential capacity of diagnostic clinics across Western and Northern Canada and their adherence to Canadian guidelines for FASD diagnosis
- A mapping of services across all seven jurisdictions that potentially support at-risk women
- An analysis of research on barriers to services faced by women who are at risk for having a child with FASD

BC Centre for Social Responsibility: In 2005, the BC Centre for Social Responsibility officially opened at the University College of the Fraser Valley (UCFV). This provincial resource centre at UCFV coordinates information, facilitates research and evaluates programs with a focus on a variety of issues related to the promotion of social responsibility. These include the study of alcohol and drug misuse, gaming, Internet addiction prevention and FASD prevention strategies. This is a government partnership led by the Ministry of Public Safety and Solicitor General with initial funding from the Ministries of Children and Family Development, and Community Services. For more information, visit the website: www.bccsr.ca/.

Provincial Plan for FASD: 2008 - 2018

Since the 2003 Plan was introduced, progress has been made on creating and strengthening partnerships, raising the public profile of FASD, and supporting action on a number of fronts across the province. This has included fostering community-level planning; providing education for a wide range of service providers; and enhancing research capacity in prevention, diagnosis and support. This section of the report outlines goals, guiding principles and cross-government strategic priorities for 2008 - 2018.

Goals for British Columbia

1. Women of childbearing age have access to effective support and have healthy pregnancies.
2. Children are born healthy and free of the effects of prenatal alcohol and substance exposure.
3. People living with FASD are supported to reach their full potential in healthy and safe communities.

Values and Guiding Principles

The following values and principles guide the work of a cross-ministry approach to FASD prevention and the support of those affected:

Respect and Compassion, Culturally Competent and Safe – Respect and compassion is shown towards women, families, communities, and all those living with the disability. Approaches are developed with consideration to ethical issues and cultural safety. Aboriginal peoples, and other individuals from B.C.`s many cultural and ethnic communities are involved in determining approaches that are responsive to the needs of their families and communities.

Integrated, Comprehensive and Coordinated – Strategies, initiatives and services benefit from an integrated, comprehensive and coordinated approach to planning and implementation. Sustainable services are designed to meet the functional needs of individuals and are responsive across the life span. Individuals affected by prenatal alcohol exposure will continue to be managed by the justice system consistent with other offenders with mental challenges and disorders. Appropriate health and social welfare treatment services are sought while not jeopardizing community safety.

Collaboration, Inclusion and Capacity Building – To achieve the desired ends, collaboration takes place among all levels of government and between government and non-governmental partners. Mechanisms are in place to support information sharing and collaboration among services and community groups across the province. The planning and delivery of initiatives are sensitive to the geographical differences in the province.

Balance – Efforts are directed equally to FASD prevention and the support of those living with the disability.

Evidence-based and Responsive to Change – Prevention and intervention efforts are grounded in best available evidence, and ongoing research and evaluation informs decision-making by policy-makers, service providers and community members.

Cross-Government Strategic Objectives

1. British Columbians are aware of the risk of alcohol and substance use in pregnancy and of FASD as a lifelong disability.
2. All women of childbearing age and their partners and support systems have access to early support and follow-up.
3. All pregnant women and mothers experiencing substance use problems, and their partners and support systems have access to focused intervention and support.
4. Children, youth and adults living with FASD have access to timely diagnosis and assessment.
5. Children, youth and adults living with FASD and their families and support networks have access to comprehensive and lifelong intervention and support.
6. Service systems are coherent, integrated and coordinated, and benefit from strong research and evaluation.

The following tables describe the specific priorities and strategies for making progress in these and related areas.

Strategic Priorities for FASD 2008 – 2018

Objective 1:
British Columbians are aware of the risk of alcohol and substance use in pregnancy and of FASD as a lifelong disability.

Individual/ Community Level

a) Identify innovative approaches to expand and enhance public awareness efforts regarding FASD and the risk of alcohol and other substance use in pregnancy. These approaches will facilitate an understanding of:

- Ways to support all women of childbearing age to have healthy pregnancies.
- The challenges and stigma faced by individuals with FASD and their families and ways to support them.

b) Support regional and community-based efforts to develop and/or tailor health promotion, community development and public awareness strategies to meet local needs and cultural contexts.

Professionals and Service Providers

a) Support a common understanding among professionals about the risk of alcohol and other substance use in pregnancy and FASD as a lifelong disability.

b) Develop effective resource material and tools for use by professionals regarding consistent prevention messaging for youth, women of childbearing age, their partners, communities and families.

Policy

a) Promote the development of public health policies addressing the social determinants that contribute to healthy pregnancies.

Research and Evaluation

a) Support rigorous health promotion and prevention program evaluation and the dissemination of results.

b) Support the Canada Northwest FASD Research Network in coordinating the evaluation of FASD public awareness and education materials and the dissemination of those findings.

c) Support the Canada Northwest FASD Research Network in developing a clearinghouse of public awareness initiatives that reflect promising practices in the field.

Objective 2:

All women of childbearing age and their partners and support systems have access to early support and follow-up.

Individual/ Community Level

a) Enhance the visibility and access to all programs that support healthy sexuality and pregnancy such as youth clinics, birth control services and prenatal classes.

b) Make information on the risks of alcohol and substance use in pregnancy available in all healthy sexuality and pregnancy programs mentioned in (a) above. Also, incorporate healthy pregnancy information into other mediums such as help lines, Internet sites and other media, including those accessed by youth, college-aged women and men and the general public.

Professionals and Service Providers

a) Promote an understanding among all professionals and service providers of the complex social and health contexts that place women at risk such as poor nutrition, mental health issues, poverty, isolation, violence, and unresolved grief and loss.

b) Educate all professionals and service providers on best practices for counselling women of childbearing age on the use of alcohol and related health issues during pregnancy, including using a woman-centered, harm-reduction and collaborative approach.

c) Provide training for physicians and midwives on the early identification and support of women at risk.

Policy

a) Develop a strategy to support the integration of better practices related to women's substance use into curricula in medical, nursing, social work schools and other professional training contexts.

b) Improve government and service policies that pose barriers to women accessing early support.

Research and Evaluation

a) Support rigorous early intervention program evaluation and the dissemination of results

b) Develop and maintain a database of existing resources that support health care and other service providers in connecting women to the services they need.

c) Support cross-site research that documents best practices in early identification and support.

Objective 3:

All pregnant women and mothers experiencing substance use problems, and their partners and support systems have access to focused intervention and support.

Individual/ Community Level

a) Continue to enhance visibility and reach of pregnancy outreach programs and other community-based prenatal support programs designed for pregnant and parenting women who are at risk.

b) Support innovative approaches that enhance the coordination of women-centered and family-friendly health and social services that work with high-risk women and their partners/support systems.

c) Provide education and support to caregivers who are caring for high-risk young women in their homes.

Service Providers and Health Educators

a) Expand access to community-based services that offer holistic, harm-reduction interdisciplinary care and support.

b) Support all maternity care facilities in providing withdrawal management of women living in circumstances of risk.

c) Support the development of case management and discharge protocols that ensure a coordinated response to pregnant and postpartum at-risk women between hospital and community settings.

d) Train health and social service providers on ways to identify and support high-risk women through holistic, harm-reduction and wraparound approaches.

e) Ensure service design and delivery recognize that women who have FASD are at higher risk for substance use during pregnancies.

Policy

a) Examine existing policies and protocols that act as a barrier for women to access effective supports such as housing, nutrition, mental health and/or addictions services and protection from violence.

(b) Explore ways to increase the availability of residential programs that support the mother-child unit in the postnatal period and as the child/ children get older.

Research and Evaluation

a) Support rigorous program evaluation and the dissemination of results.

b) Promote research and the dissemination of results that enhance our knowledge of how to effectively support high-risk women.

c) Support the Canada Northwest FASD Research Network in developing collaborative research and program evaluation related to supporting pregnant and parenting women living in circumstances of risk.

Objective 4:

Children, youth and adults living with FASD have access to timely diagnosis and assessment.

Individual/ Community Level

a) Promote access to existing regional diagnostic and assessment services for children and youth suspected to be affected by prenatal alcohol exposure.

b) Enhance the visibility and accessibility of support networks for birth, foster and adoptive families.

Service Providers and Health Educators

a) Provide training for health care professionals (including addictions and mental health), education, social work, justice and other professionals on ways to support individuals and families to access diagnostic and assessment services.

b) Support ongoing cross-discipline training of professionals involved in the provision of diagnostic and assessment services.

c) Promote joint planning between service providers and program planners at the community, regional and provincial levels.

Policy

a) Explore options to enhance the recruitment and retention of health care professionals involved in the diagnostic and assessment process, especially for rural and remote areas of the province.

Research and Evaluation

a) Support rigorous program evaluation and the dissemination of results.

b) Promote research and the dissemination of results that enhance our knowledge about how to best provide diagnosis and assessment services.

c) Support the Canada Northwest FASD Research Network in enhancing collaborative research and evaluation studies on early screening, prevalence rates, diagnostic capacity and identification of unmet needs of those who have been diagnosed.

Objective 5:

Children, youth and adults living with FASD and their families and support networks have access to comprehensive and lifelong intervention and support.

Individual/ Community Level

a) Support parent and community groups in their efforts to provide peer counselling and support on diagnostic assessment, respite, transition and care issues.

b) Support youth and adults to be active participants in their own planning.

Service Providers and Health Educators

a) Develop a strategy to enhance the incorporation of FASD information in curricula for service providers including health, social work, mental health, addictions, justice, education and other sectors.

b) Continue to train community service providers and educators in promising practices in supporting children, youth and adults living with FASD.

Policy

a) Explore options to enhance and improve suitability of programs and services for children, youth and adults living with FASD and their families and support networks.

b) Improve access to services for individuals living with FASD, and focus on vulnerable populations and youth in transition to adulthood.

c) Explore mechanisms to strengthen cross-sectoral coordination of strategies at the community, regional and ministry level.

Research and Evaluation

a) Support rigorous program evaluation and the dissemination of results.

b) Promote research and the dissemination of results that enhance knowledge of ways to best support individuals living with FASD and their families.

c) Support the Canada Northwest FASD Research Network in identifying common evaluation tools and promising practices to advance effective and essential services for individuals with FASD and their families.

Objective 6:

Service systems are coherent, integrated and coordinated, and benefit from strong research and evaluation.

Individual/ Community Level

a) Support and enhance opportunities for the sharing of resources, best practices and expertise.

b) Recognize and support the strengths of vulnerable women and youth and adults living with FASD in utilizing their knowledge and expertise in FASD awareness, prevention and support strategies.

c) Develop a provincewide inventory of FASD-related services and programs regarding prevention, diagnosis, and supports for children, youth and adults and their families/support systems.

Service Providers and Health Educators

a) Support the development of regional and community networks to enhance the coordination of services to vulnerable women and individuals living with FASD and their families/ support networks.

Policy

a) Support the work of First Nations, Métis, and urban, rural and remote Aboriginal communities to develop culturally sensitive approaches to address FASD.

b) Enhance cross-government coordination in sharing knowledge, funding priorities, and implementation of joint initiatives wherever possible.

c) Where possible, seek joint strategically funded partnerships from the private, not-for-profit and public sector.

Research and Evaluation

a) Support the Canada Northwest FASD Research Network in advancing collaborative research in FASD.

b) Enhance strategies for the dissemination of research and evaluation findings among researchers, service providers, policy-makers and communities.

c) Increase the emphasis on evaluation of all programs, services and initiatives and the dissemination of findings.

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